



**APPROVAL FOR VISITS BY
CURRENT/FORMER EMPLOYEE,
CONTRACT STAFF, OR VOLUNTEER**

Visitor's Name: _____

Date: _____

TO BE COMPLETED BY VISITOR

Offender Information	
Offender's Name	DOC Number
Facility	Unit
Department Service Information	
Service Type <input type="checkbox"/> Department Employee <input type="checkbox"/> Contract Staff <input type="checkbox"/> Volunteer	
Are you currently working/providing services for the Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location(s) where you are or were assigned to work/provide services (e.g., facility, office)	
Support for Request	
Relationship to Offender	
Documentation attached (e.g., birth certificate, marriage/state registered domestic partnership license, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify how visits will benefit the offender (please print; include an additional sheet of paper if necessary)	

APPROVAL

Action: ☐ Approved ☐ Denied _____
Superintendent,

Comments: _____

**For Current Employee/Contract Staff/Volunteer Only
(If Applicable)**

Action: ☐ Approved ☐ Denied _____
Appointing Authority,

Comments: _____